

Annexure-I

Particulars to be contained offline application for Temporary Registration for Practitioners/Teachers/Researcher/Govt. Employee/PG Scholars and others of Indian System of Medicine.

Photo

Personal Details:

1. Name : First Middle Last (for married women name after marriage)
2. Gender:
3. Date of birth:
4. Fathers Name: First- Middle –Last
5. Mothers Name: First-Middle-Last
6. Spouse: First-Middle-Last
7. Blood Group:
8. Aadhaar No:
9. Voters ID
10. Pan No. (Optional)
11. Nationality:

Contact Details:

1. Aadhaar Linked Mobile No:
2. Alternate Mobile No.1 and 2:
3. Landline No. 1 and 2 (optional):
4. Email ID:
5. Alternate Email ID:
6. Contact Address Details:

Permanent Address Details:

1. Address:
2. City:
3. Taluk:
4. District:
5. State:

Present Address Details:

1. Address:
2. City:
3. Taluk:
4. District:
5. State:

Practicing Address Details (Optional):

1. Address:
2. City:
3. Taluk:

4. District:
5. State:
6. Pincode:

Qualification Details:

1. Qualification (BAMS/BUMS/BSMS/BSRMS):
2. Year of Passing:
3. Year of Degree Awarded: and copy of the degree (upload or attach)
4. Year of Passing of final exam and copy of the final year examination mark sheet (upload or attach)
5. Name of the State:
6. Name of the University:
7. Name of the College/Institute:
8. Passing year of SSC: Please attach copy of one of the certificate Indicating the date of birth upload or attach)
9. Name and Passing year of HSC
10. Name of SSC Board:
11. Detail of fee deposit: E banking/Cash/or any mode of payment
Amount of Rs.

Registration details:

1. Council Registration Number:
2. Validity of State Registration:
3. National Registration Numbers:

Purpose for Obtaining Temporary registration

Undertaking:

I (Name)solemnly affirm that the information given above is true to my knowledge.

Signature